## STATE OF NEW HAMPSHIRE

## 2018 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

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JAN 2 5 2019

PLEASE PRINT

| I. Name of Lobbyist(s)  |                                   |  | NEW HAMPSHIRE<br>DEPARTMENT OF STATE  |  |
|---|-----------------------------------|--|---------------------------------------|--|
| II. Name of lobbyist's partnersh  | ip, firm or corporation, if       | any:   |                                       |  |
| Teachers Insurance a  | nd Annuity Association (          | TIAA)  |                                       |  |
| (Name of partners   | ship, firm or corporation)        |  | · · · · · · · · · · · · · · · · · · · |  |
| 730 Third Avenue  | New York                          | N.Y.   | 10017                                 |  |
| Business Address: (Street)  | (Town/City)                       | (State)  | (Zip Code)                            |  |
| (212) <u>916-6232</u><br>(Telephone)  | ( )(Fa                            | e-mail <u>mlwood</u>                                   | I@TIAA.ORG                            |  |
| III. This statement covers: (Cho reportable expense transactions                                      |                                   |  | may file a separate report for        |  |
| ☑ All reportable transactions occ   | curring in the months prior to    | o the reporting date relative to                       | the following client:                 |  |
| Teachers Insurance  | and Annuity Associat              | tion (TIAA)  | -                                     |  |
| (Full Name  | of Client as it appears on the I  | Lobbyist Registration Form)                            |                                       |  |
| All reportable transactions by tunrelated to any particular client.                                   | he lobbyist (including the lo     | obbyist's family), or the lobby                        | ing firm listed below which are       |  |
| IV. Date of Report April 25, Reports cover: activity from date  | 2018  of registration to 3/31/18  | July 25, 2018<br>activity from 4/1/18 to 6/30/         | /18                                   |  |
|   | 31, 2018 🗍<br>- 7/1/18 to 9/30/18 | January 30, 2019 <b>x</b> activity from 10/1/18 to 12/ |                                       |  |
| V. There have been no fees re<br>If this box is checked, complete ju.<br>Concord, NH 03301.           |                                   |  |                                       |  |
| VI. Check if additional reports a   | are attached:                     |  |                                       |  |
| ☐ If you have received fees or n  |                                   | file Addendum A-Fees and                               | Expenses                              |  |
| ☐ If you have paid an honorariu Expense Reimbursement   | m or reimbursed expenses,         | you must file Addendum B-1                             | Report of Honorariums or              |  |
| ☐ If you, your firm, or your fam  | ily has made political contri     | butions, you must file Adden                           | dum C- Political Contributions        |  |
| Sworn Statement/Affirmation b<br>I have read RSA 15, RSA 15-B, R<br>and complete to the best of my kn | SA 14-C and RSA 664 and           | hereby swear or affirm that th                         | e foregoing information is true       |  |
| (Signatufré of lobbyist)  |                                   | / (/   | Date)                                 |  |
| Martha Wood   |                                   |  |                                       |  |
| (Print Name of Johnvist)  |                                   |  |                                       |  |